

New doctor OKs old treatment

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For years I have had pain and swelling in my right knee due to osteoarthritis. I have had Synvisc injections in the past and they have helped ease my pain considerably by lubricating my knee.

I don't understand why my new HMO would deny this while my old health plan never gave me any problems when it came to authorizing these injections. I hope you will be able to help me and overturn this denial so I can get the care I deserve.

– Jodi in Folsom

Each medical group establishes its own medical criteria for authorizing treatments. The same is true for prescriptions. So when switching health plans, it is likely that the new health plan, or the medical groups in the health plan's network, will have different criteria than the old health plan and/or its medical groups. This can prove frustrating for the consumer, but there are steps you can take to get authorization.

The Department of Managed Health Care administers an Independent Medical Review, which is a fast, free review of a health plan's decision to deny medical services when that decision is based on a lack of medical necessity or if the plan views the requested treatment as experimental or investigational in nature. The review is performed by physicians that are not affiliated with the consumer's health plan. If the reviewer finds in favor of the consumer, the health plan is required by law to provide the service.

In this case, your new health plan denied your request for Synvisc injections for your knee because your new medical group did not recommend it. Because the plan denied the treatment based on that medical group's decision that it was not medically necessary for you to receive the injections, your appeal qualified for an IMR. Each IMR looks at the patient's medical records as part of the decision-making process because specific circumstances can and do alter the conclusions reached by the reviewers. The reviewer of your case noted that even though injections for osteoarthritis in the knee are generally accepted by the medical field as a treatment option, your specific situation was such that there was insufficient medical evidence to show that the injections were the best option for you.

However, after the IMR found in favor of the health plan's decision, you decided to go to another orthopedic surgeon in a different medical group within your HMO's network. This surgeon ordered the treatment, and your HMO agreed to approve the injections for you. It is likely that the injections were finally approved because your new surgeon's medical group has different medical criteria than your previous medical group even though they are within the same HMO.

Consumers having trouble getting the care they want from their health plans are welcome to contact the Help Center at the DMHC by calling (888) 466-2219 or log onto www.healthhelp.ca.gov.